



**STATE SUPPLEMENTAL DOWNTOWN DEVELOPMENT FINANCING PROGRAM
APPLICATION – Part I**

Applicant

Name			
Street Address	P.O. Box	City	Zip Code
Name of Applicant's Contact Person		Title	
Street Address	P.O. Box	City	Zip Code
Telephone Number	Fax Number	E-Mail Address	

Developer

Name			
Street Address	P.O. Box	City	Zip Code
Name of Developer's Contact Person		Title	
Street Address	P.O. Box	City	Zip Code
Telephone Number	Fax Number	E-Mail Address	

Development Project (If more than one project, attach separate pages)

Name of Project	Proposed Baseline Year
General Description of the Project	
Date Development Plan Adopted	County in Which Project Located
Has the County, by resolution, excluded any portion of a county-wide sales tax from being included in local increment for this Project? If yes, provide a copy of the resolution.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of state revenues sought: <input type="checkbox"/> State Sales Tax Increment <input type="checkbox"/> State Income Tax Increment <input type="checkbox"/> Both	

Attestation

I certify that I am authorized to submit this Application on behalf of the Applicant named above and that the information in this Application (Part I and Part II attachments) is, to the best of my knowledge, true and complete. Applicant understands and agrees to timely supplement this Application in the event of change.	
Signature	
Name (Printed or Typed)	
Title	Date

An original plus five (5) copies of Application and all supporting documentation should be submitted to:
Missouri Department of Economic Development, Community Development Division, Tax Increment Financing
Unit, 301 West High Street, Room 770, **P.O. Box 118**, Jefferson City, MO 65102